MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 0-875)

07/856616

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT											
	IND.	DEP.	IND.	DEP.	IND.	DEP.			* IND.	DEP.	* IND.	DEP.	* IND.	DEP.
1							51							
2							52							
3							53							
4							54							
5							55							
6							56							
7							57							
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42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.							TOTAL IND.							
TOTAL DEP.							TOTAL DEP.							
TOTAL CLAIMS	2						TOTAL CLAIMS							

PTO-1360 (3-78)   *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS   U.S. DEPARTMENT of COMMERCE